## Case 05-73373 Doc 31 Filed 02/27/09 Entered 02/27/09 10:50:50 Desc Main

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## United States Bankruptcy Court

## Northern District Of Illinois Western Division

Trustee's Final Report

In Re: CHAD R. SUTTON

306 E. THIRD ST. LEAF RIVER, IL 61047 SSN-xxx-xx-7429

Case Number: 05-73373

7/5/2005

Case filed on: Plan Confirmed on:

9/2/2005

P Discharged Paid Out

Total funds received and disbursed pursuant to the plan: \$6,000.00

Detail of Disbursements below:

Claim # 772	Name of the Claimant CLERK OF U.S. BANKRUPTCY COURT	Claimed by the Creditor 164.00	Allowed by the Court 164.00	Principal Paid 164.00	Interest Paid 0.00
112	Total Administration	164.00	164.00	164.00	0.00
	Total Authinistration	104.00	164.00	104.00	0.00
000	BALSLEY & DAHLBERG LLP	1,200.00	1,200.00	1,200.00	0.00
	Total Legal	1,200.00	1,200.00	1,200.00	0.00
	3	,	,	,	
014	CODILIS & ASSOCIATES P C	0.00	0.00	0.00	0.00
	Total Legal	0.00	0.00	0.00	0.00
999	CHAD R. SUTTON	0.00	0.00	267.37	0.00
	Total Debtor Refund	0.00	0.00	267.37	0.00
001	AMERICAN GENERAL FINANCE	3,500.00	3,500.00	3,500.00	501.93
001	CHASE HOME FINANCE LLC	55,618.78	0.00	0.00	0.00
002	Total Secured	59,118.78	3,500.00	3,500.00	501.93
	Total Secured	39,110.70	3,300.00	3,300.00	501.95
001	AMERICAN GENERAL FINANCE	5,930.00	0.00	0.00	0.00
003	CAPITAL ONE BANK (USA) NA	1,088.79	0.00	0.00	0.00
004	COLUMBIA HOUSE `	0.00	0.00	0.00	0.00
005	CREDICORP INC	0.00	0.00	0.00	0.00
006	ECAST SETTLEMENT CORPORATION	597.16	0.00	0.00	0.00
007	KSB MEDICAL GROUP	0.00	0.00	0.00	0.00
800	NORTH SHORE AGENCY	0.00	0.00	0.00	0.00
009	PHYSICIANS IMMEDIATE CARE	191.00	0.00	0.00	0.00
010	PORTFOLIO RECOVERY ASSOCIATES	1,859.14	0.00	0.00	0.00
011	RECEIVABLE MANAGEMENT SOLUTIONS	0.00	0.00	0.00	0.00
012	ROCKFORD HEALTH SYSTEMS/	0.00	0.00	0.00	0.00
013	ROCKFORD RADIOLOGY	0.00	0.00	0.00	0.00
015	CAPITAL ONE BANK (USA) NA	333.67	0.00	0.00	0.00
016	ODESSA NEUROLOGY CLINIC	0.00	0.00	0.00	0.00
017	OGLE COUNTY PHYSICAL THERAPY	0.00	0.00	0.00	0.00
018	ROCKFORD HEALTH PHYSICIANS	0.00	0.00	0.00	0.00
019	SWEDISH AMERICAN MSO	0.00	0.00	0.00	0.00
	Total Unsecured	9,999.76	0.00	0.00	0.00
	Grand Total:	70,482.54	4,864.00	5,131.37	501.93

Total Paid Claimant: \$5,633.30
Trustee Allowance: \$366.70
Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liablility on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

\_/s/ Lydia S. Meyer Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 02/26/2009

By /s/Heather M. Fagan